Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	ATTACHMENT 4.18-E Page 1 OMB No.: 0938-			
	STATE PLAN UN	DER TITLE XIX OF THE	HE SOCIAL SECURITY ACT			
	State/Territory	: GEORGI	Α			
		Sliding Scale Premed Disabled and Wor				
qualif	ellowing method if ied disabled and)(10)(E)(ii) of	l working individua	e the monthly premium imposed on ls covered under section			
None						
B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):						
None						
		· · · · · · · · · · · · · · · · · · ·				
*Description	on provided on a	ttachment.				
Supersedes	Approval D	ate6/9/92	Effective Date 1/1/92			
TN NoN	<u>FW</u>		HCFA ID: 7986E			
			<i>;</i>			

[전기복] 현기조 (1915년 - 1914년 1915년 - 1916년 - 1917년 - 1918년 - 1918

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	STATE PLAN UN	DER TITLE X		SOCIAL SECURITY	ACT
	State/Territory	·:	GEORGIA	· · · · · · · · · · · · · · · · · · ·	
C. State	or local funds	under other	programs a	re used to pay	for premiums:
	Yes	Ø	No		
a prem	riteria used for nium because it ibed below:	determinin would cause	g whether t an undue h	he agency will ardship on an i	waive payment ndividual are
		None			
*Descript:	ion provided on	attachment.			
TN No	92-03 S Approval	Date6/9	/92	Effective Date	1/1/92
TN No.	NEW			HCFA ID: 7986E	

ATTACHMENT 4.18-E

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